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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/549,930 TITLE OF INVENTION	09/20/2005 N: INDAZOLE HAVING	ANALGESIC ACTIVIT	Maria Alessandra Alisi 'Y		278	220US0PCT	7516	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0		\$1810	01/04/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS	7				
CHANG, CELIA C		1625	514-322000	J				
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).      Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.      "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON PLEASE NOTE: Unless an assignee is identified below, no assigner recordation as set forth in 37 CFR 3.11. Completion of this form is No. (A) NAME OF ASSIGNEE.  ZIENDE CHIMICHE RIUNITE ANGELINI FRANCES.			(1) the names of up to agents OR, alternated (2) the name of a sing registered attorney or 2 registered patent attempts and the state of the part of t	ame of a single firm (having as a member a d attorney or agent) and the names of up to red patent attorneys or agents. If no name is name will be printed.  2				
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Advance Order -  5. Change in Entity St	(No small entity discount # of Copies 0  Latus (from status indicat	permitted) ed above)	Ab. Payment of Fec(s): (Plo A check is enclosed Payment by credit co The Director is herel overpayment, to Dep	ard. Transmitted voy authorized to chaposit Account Numb	via EFS-V rge the re- per <u>15</u> –	Veb. quired fee(s), any d 0030 (enclose a	eficiency, or credit any an extra copy of this form).	
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Authorized Signatur	re	Auto		Date	12	129/0	9	

dameš D. Hamilton Registration No. 28,421 Registration No. Typed or printed name

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